

1912 VACATION NUMBERS. III.

CALIFORNIA STATE BOARD OF HEALTH

MONTHLY BULLETIN

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No. 2

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THE CALIFORNIA STATE BOARD OF HEALTH.

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REGULAR MEETINGS.

The meetings of the California State Board of Health are held regularly the first Saturday of each month, but the quarterly meetings required by law to be held at the Capitol of the State are ordinarily designated as January, April, July, and October.

By courtesy of the University of California the Food and Drug Laboratory and the Hygienic Laboratory are located in University buildings at Berkeley, California.

Address all communications to the

SECRETARY, Sacramento, Cal.

AUGUST BULLETIN.

REPORT OF THE BUREAU OF ADMINISTRATION FOR JULY, 1912.

JOHN F. LEINEN, Director.

Executive Division.

The correspondence and administrative work were unusually heavy owing to the appearance of typhoid fever in several communities, where failure to promptly control it would have resulted in a large number of cases.

The number of nuisances which the State Board of Health was requested by local authorities to investigate was large. Several of these situations involved inter-county problems of considerable importance.

Summary of Office Work.

Items.	Total.	Number of subjects.	Adminis- trative.	Morbid- ity.	Inter- bureau.	Miscel- laneous.
Letters received -----	2,320	172	752	426	512	630
Letters sent -----	2,631	172	820	490	631	690
Circular letters sent -----	326	1	-----	326	-----	-----
Report blanks sent -----	1,752	8	132	1,470	150	-----
Reports received -----	1,340	10	130	900	310	-----
Press clippings, newspapers, and bulletins received -----	2,125	36	200	1,100	825	-----
Accounts audited -----	152	-----	22	-----	130	-----
Estimates approved (items) -----	154	-----	21	-----	133	-----
Checks issued -----	37	-----	10	-----	27	-----
Miscellaneous letters advising local health officers and com- munities -----	143	24	39	62	18	-----

Division of Morbidity Returns.

Morbidity Report for July, 1912.

Disease.	Cases.	Places.
Smallpox -----	40	8
Diphtheria -----	98	24
Typhoid fever -----	190	27
Measles -----	79	18
Scarlet fever -----	32	16
Mumps -----	29	6
Pneumonia -----	25	5
Tuberculosis -----	115	12
Poliomyelitis -----	183	10
Chicken pox -----	17	10
Whooping cough -----	40	11
Gonorrhea -----	8	5
Malaria -----	4	2
Erysipelas -----	16	3
Cerebro spinal meningitis -----	4	4
Rabies (human) -----	2	1
Leprosy -----	1	1
Tetanus -----	1	1
Malta fever -----	1	1
Dysentery -----	4	2
Glanders -----	2	1
Scabies -----	1	1
Amebiasis -----	2	1
Rotheln -----	2	1
Total -----	896	171

REPORT OF BUREAU OF VITAL STATISTICS FOR JULY, 1912.

GEORGE D. LESLIE, Director.

Work has been continued on the biennial report for 1910-11 in addition to the usual work of the bureau's staff.

July Statistical Tables.

The statistical summaries for the Vital Statistics of Records of July, 1912, will be found in the Bulletin for September; the statistics for the current month, August, can not be collected and tabulated for printing before the October issue, and will be in that number of this bulletin.

Statistical Summaries for June, 1912.

State Totals and Annual Rates.—The following table shows for California as a whole the birth, death, and marriage totals for the current and preceding months in comparison with those for the corresponding months of a year ago, as well as the annual rates per 1,000 population represented by the totals for the current and preceding months. The rates are based on an estimated midyear population of 2,579,874 for California in 1912, the estimate having been made by the Census Bureau method with slight modifications.

Birth, Death and Marriage Totals, with Annual Rates per 1,000 Population for Current and Preceding Months, for California: June.

Month.	MONTHLY TOTAL.		Annual rate per 1,000 population: 1912.
	1912.	1911.	
June—			
Births -----	3,309	2,986	15.6
Deaths -----	2,794	2,604	13.2
Marriages -----	3,079	2,976	14.6
May—			
Births -----	3,181	2,894	14.3
Deaths -----	3,028	2,888	13.8
Marriages -----	2,323	2,087	10.6

The birth, death, and marriage totals for June, as for preceding month, were much greater in 1912 than in 1911.

The birth total for each month of 1912 has exceeded that for the corresponding month of 1911 by monthly differences of from 300 to 500.

Moreover, the June marriage total for 1912 is by far the highest monthly total reported under the registration law of 1905, the several June totals being as follows: 1912, 3,079; 1911, 2,976; 1910, 2,636; 1909, 2,511; 1908, 2,251; 1907, 2,366, and 1907, 2,342.

County Totals.—The first table which follows below shows the monthly birth, death, and marriage totals for the principal counties of the State, the list being limited to counties having a population of at least 25,000 according to the Federal Census of 1910. Totals are also shown for San Francisco and the other bay counties (Alameda, Contra Costa, Marin, and San Mateo), as well as for Los Angeles and Orange counties together.

City Totals.—The second of the following tables gives the birth and death totals for the principal freeholders' charter cities, the list including all chartered cities with a census population of at least 15,000 in

1910. The totals are given likewise for San Francisco in comparison with Oakland, Alameda, and Berkeley, the three cities adjoining one another on the east shore of San Francisco Bay, as well as for Los Angeles in comparison with neighboring charter cities (Long Beach, Pasadena, Pomona, and Santa Monica).

Birth, Death and Marriage Totals, for Principal Counties: June.

County.	JUNE, 1912.		
	Births.	Deaths.	Marriages.
California	3,309	2,794	3,079
Counties of more than 25,000 population (1910):			
Alameda	327	277	331
Butte	36	25	14
Contra Costa	51	22	12
Fresno	128	96	84
Humboldt	40	41	22
Kern	47	55	45
Los Angeles	907	655	807
Marin	18	25	93
Orange	84	34	122
Riverside	51	40	51
Sacramento	102	91	101
San Bernardino	99	88	61
San Diego	95	102	103
San Francisco	651	521	575
San Joaquin	21	69	63
San Mateo	32	23	50
Santa Barbara	52	25	22
Santa Clara	111	84	98
Santa Cruz	36	29	35
Solano	22	27	17
Sonoma	48	65	46
Tulare	43	21	39
Selected groups:			
San Francisco and other bay counties.....	1,079	868	1,061
Los Angeles and Orange counties.....	991	689	929

Birth and Death Totals, for Principal Cities: June.

City.	JUNE, 1912.	
	Births.	Deaths.
Freeholders' charter cities.....	2,135	1,699
Cities of more than 15,000 population (1910):		
Alameda	24	29
Berkeley	53	36
Fresno	57	38
Long Beach	38	28
Los Angeles	614	400
Oakland	208	171
Pasadena	48	41
Riverside	30	29
Sacramento	86	72
San Diego	65	73
San Francisco	651	521
San Jose	39	30
Stockton	7	43
Selected groups:		
San Francisco	651	521
Oakland, Alameda and Berkeley.....	285	236
Total, bay cities.....	936	757
Los Angeles	614	400
Neighboring cities	108	99
Total	722	499

Causes of Death.—The following table shows the classification of deaths in California for the current month, in comparison with the preceding month:

Deaths from Certain Principal Causes, with Proportion per 1,000 Total Deaths for Current and Preceding Months, for California: June.

Cause of death.	Deaths: June.	Proportion per 1,000.	
		June.	May.
ALL CAUSES-----	2,794	1,000.0	1,000.0
Typhoid fever -----	38	13.6	9.9
Malarial fever -----	9	3.2	2.6
Measles -----	14	5.0	5.6
Scarlet fever -----	1	0.4	1.0
Whooping-cough -----	27	9.7	5.0
Diphtheria and croup-----	8	2.9	3.3
Influenza -----	3	1.1	3.0
Other epidemic diseases-----	18	6.5	4.6
Tuberculosis of lungs-----	301	107.7	141.0
Tuberculosis of other organs-----	69	24.7	25.1
Cancer -----	194	69.4	70.0
Other general diseases-----	107	38.3	46.6
Meningitis -----	29	10.4	7.3
Other diseases of nervous system-----	233	83.4	83.9
Diseases of circulatory system-----	463	165.7	174.7
Pneumonia and broncho-pneumonia-----	151	54.0	62.1
Other diseases of respiratory system-----	47	16.8	18.8
Diarrhea and enteritis, under 2 years-----	127	45.5	20.8
Diarrhea and enteritis, 2 years and over-----	37	13.2	8.9
Other diseases of digestive system-----	153	54.8	51.2
Bright's disease and nephritis-----	164	58.7	64.7
Childbirth -----	37	13.2	8.3
Diseases of early infancy-----	118	42.2	34.7
Suicide -----	78	27.9	25.4
Other violence -----	230	82.3	74.6
All other causes-----	138	49.4	46.9

In June there were 463 deaths, or 16.6 per cent of all, from diseases of the circulatory system, and 370, or 13.2 per cent, from various forms of tuberculosis. Heart disease thus led tuberculosis greatly.

Other notable causes of death were: Diseases of the digestive system, 317; violence, 308; disease of the nervous system, 262; diseases of respiratory system, 198; cancer, 194; Bright's disease and nephritis, 164, and epidemic diseases, 118.

The deaths from epidemic diseases were as follows: Typhoid fever, 38; whooping-cough, 27; measles, 14; malarial fever, 9; diphtheria and croup, 8, and all other epidemic diseases, 22.

The deaths from the three leading epidemic diseases reported for the month were distributed by counties as follows:

Typhoid fever.		Whooping-cough.		Measles.	
Alameda -----	8	Alameda -----	7	Fresno -----	1
Fresno -----	2	Butte -----	1	Orange -----	1
Kern -----	1	Fresno -----	1	Sacramento -----	2
Los Angeles -----	6	Los Angeles -----	9	San Francisco -----	1
Orange -----	1	San Diego -----	4	San Joaquin -----	1
Riverside -----	1	Santa Clara -----	2	Santa Clara -----	6
Sacramento -----	3	Sonoma -----	1	Sonoma -----	1
San Bernardino -----	3	Stanislaus -----	1	Tulare -----	1
San Diego -----	1	Tulare -----	1		
San Francisco -----	6			Total-----	14
Santa Clara -----	2	Total-----	27		
Santa Cruz -----	1				
Solano -----	1				
Stanislaus -----	1				
Tulare -----	1				
Total-----	38				

Geographic Divisions.—The following table presents data for geographic divisions, including the metropolitan area, or San Francisco and the other bay counties (Alameda, Contra Costa, Marin, and San Mateo), in comparison with the rural counties of Northern and Central California:

Deaths from Main Classes of Diseases, for Geographic Divisions: June.

Geographic division.	DEATHS: JUNE.										
	All causes-----	Epidemic diseases-----	Tuberculosis (all forms)-----	Cancer-----	Diseases of nervous system-----	Diseases of circulatory system-----	Diseases of respiratory system-----	Diseases of digestive system-----	Bright's disease and nephritis-----	Violence-----	All other causes-----
THE STATE-----	2,794	118	370	194	262	463	198	317	164	308	400
Northern California-----	336	6	35	15	44	62	29	25	18	43	59
Coast counties-----	179	3	17	6	33	40	16	7	11	16	30
Interior counties-----	157	3	18	9	11	22	13	18	7	27	29
Central California-----	1,482	73	168	121	122	260	102	187	61	168	220
San Francisco-----	521	11	69	54	32	119	24	62	24	48	78
Other bay counties-----	347	16	39	31	41	56	23	41	13	35	52
Coast counties-----	151	11	15	13	19	24	14	8	9	21	17
Interior counties-----	463	35	45	23	30	61	41	76	15	64	73
Southern California-----	976	39	167	58	96	141	67	105	85	97	121
Los Angeles-----	655	25	108	42	61	98	45	64	56	72	84
Other counties-----	321	14	59	16	35	43	22	41	29	25	37
Northern and Central California-----	1,818	79	203	136	166	322	131	212	79	211	279
Metropolitan area-----	868	27	108	85	73	175	47	103	37	83	130
Rural counties-----	950	52	95	51	93	147	84	109	42	128	149

Sex and Age Periods.—The proportion of the sexes among the 2,794 decedents in June was: Male, 1,689, or 60.5 per cent, and female, 1,105, or 39.5 per cent.

The following table shows the age distribution by numbers and per cents, of deaths classified by sex:

Deaths, Classified by Sex and Age Periods, with Per Cents by Age Periods, for California: June.

Age period.	Deaths.			Per cent.		
	Total.	Male.	Female.	Total.	Male.	Female.
ALL AGES-----	2,794	1,689	1,105	100.0	100.0	100.0
Under 1 year-----	359	210	149	12.9	12.4	13.5
1 to 4 years-----	152	77	75	5.4	4.6	6.8
5 to 14 years-----	82	41	41	2.9	2.4	3.7
15 to 24 years-----	179	95	84	6.4	5.6	7.6
25 to 34 years-----	287	180	107	10.3	10.6	9.7
35 to 44 years-----	289	177	112	10.3	10.5	10.1
45 to 54 years-----	348	241	107	12.5	14.3	9.7
55 to 64 years-----	364	221	143	13.0	13.1	12.9
65 years and over-----	734	447	287	26.3	26.5	26.0

This table shows that relatively more females than males died at under 1 year, 1 to 4 years, 5 to 14 years, and 15 to 24 years, or at each age period under 25 years of age.

Occupations.—The table below gives, for deaths 15 years and over, the number of men and women for whom some occupation was reported in contrast with those for whom no gainful occupation was shown:

Deaths, Fifteen Years and Over, Classified by Sex and Occupation, with Per Cents by Sex, for California: June.

	Deaths.			Per cent male.	Per cent female.
	Total.	Male.	Female.		
15 YEARS AND OVER-----	2,201	1,361	840	61.8	38.2
Occupation reported-----	1,264	1,192	72	94.3	5.7
No gainful occupation-----	937	169	768	18.0	82.0

Of the 1,264 decedents for whom occupations were reported the males numbered 1,192, or 94.3 per cent, and the females only 72, or 5.7 per cent.

The following table shows the distribution of male decedents 15 years and over, engaged in the main kinds of occupation:

Deaths of Males Fifteen Years and Over Engaged in Gainful Occupations, Classified by Kind of Occupation, with Per Cents, for California: June.

Kind of occupation.	Males 15 years and over.	
	Deaths.	Per cent.
ALL OCCUPATIONS-----	1,192	100.0
Professional-----	76	6.4
Clerical and official-----	91	7.6
Mercantile and trading-----	93	7.8
Public entertainment-----	23	1.9
Personal service, police and military-----	29	2.4
Laboring and servant-----	241	20.2
Manufacturing and mechanical industry-----	244	20.5
Agriculture, transportation and other outdoor-----	381	32.0
All other occupations-----	14	1.2

Of the 1,192 male decedents for whom occupations were reported 381, or 32.0 per cent, were engaged in agriculture, transportation, and other outdoor pursuits; 244, or 20.5 per cent, in manufacturing and mechanical industry; 241, or 20.2 per cent, in laboring and servant work, and altogether 326, or 27.3 per cent, in professional, clerical and official, mercantile and trading, and all other occupations.

**REPORT OF THE BUREAU OF THE HYGIENIC LABORATORY
FOR JULY.**

WILBUR A. SAWYER, M.D., Director.

More Human Rabies.

During the month of July specimens of brain tissue from two men were examined in the laboratory. The men had died with the symptoms of rabies from five to seven weeks after they were bitten by dogs. In neither case was rabies in the dog suspected by the victim, although in one instance the dog was evidently sick and died the following day. In the examination of each specimen conclusive evidence of rabies was obtained.

Public Health Lectures.

The series of lectures on public health which was being given before the Summer Session of the University of California and the public was continued during July. Dr. H. B. Graham, Assistant Professor of Surgery in Stanford University, gave an illustrated lecture, July 2d, on "The Effects of Neglect of the Ears, Nose and Throat in School Children." Dr. W. A. Sawyer spoke, July 9th, on "Rabies and Its Control," illustrating his talk with lantern views. A series of motion pictures, which had been selected by Dr. Sawyer for their public health lessons, were shown on July 11th. An illustrated lecture on "Tuberculosis" was given, July 16th, by Dr. R. G. Brodrick, Health Officer of San Francisco. Dr. John N. Force, Assistant Professor of Epidemiology in the University of California, delivered an illustrated lecture, July 18th, on "Great Epidemic Diseases, Their History and Control." Captain John R. Barber, Medical Corps of the United States Army, spoke, July 23d, on "Sanitary Experiences at a Prison Stockade in the Tropics." Dr. George F. Reinhardt, Professor of Hygiene and University Physician in the University of California, gave a lecture, July 25th, on "Student Health." Dr. F. P. Gay, Professor of Pathology in the University of California, gave a lecture, illustrated with lantern views, July 30th, on "Principles of Immunity which have been Successfully Applied in Preventing and Curing Disease." This series of lectures will be concluded on August 1st with an illustrated talk by Professor M. E. Jaffa, Director of the Bureau of Food and Drugs of the State Board of Health. His subject will be "The Consumer and the Pure Food and Drug Law."

Division of Biological Examinations.

*Summary of Examinations Made in the California State Hygienic Laboratory
During the Month of July, 1912.*

Condition suspected.	Positive.	Negative.	Inconclusive.	Total.
Main Laboratory at Berkeley:				
Anthrax -----	1	3	-----	4
Diphtheria -----	24	19	-----	43
Gonococcus infection -----	4	6	-----	10
Hookworm -----	-----	1	-----	1
Malaria -----	5	11	-----	16
Rabies -----	12	3	2	17
Tuberculosis -----	5	16	-----	21
Typhoid -----	4	28	-----	32
Water pollution -----	2	6	-----	8
Miscellaneous -----	1	3	-----	4
				156
Northern Branch at Sacramento:				
Diphtheria -----	2	5	-----	7
Tuberculosis -----	4	4	-----	8
Typhoid -----	1	8	-----	9
				24
San Joaquin Valley Branch at Fresno:				
Diphtheria -----	-----	3	-----	3
Malaria -----	-----	1	-----	1
Tuberculosis -----	2	1	-----	3
Typhoid -----	-----	1	-----	1
				8
Southern Branch at Los Angeles:				
Diphtheria -----	3	7	-----	10
Tuberculosis -----	-----	1	-----	1
Typhoid -----	1	1	-----	2
				13
Total number of examinations-----				201

Testing of Disinfectants.

Examinations of Disinfectants During the Month of July, 1912.

Main Laboratory at Berkeley:

Determinations of the Hygienic Laboratory phenol coefficient----- 5

Division of Preventive Therapeutics.

*Pasteur Treatment for the Prevention of Rabies by the State Hygienic Laboratory
During the Month of July, 1912.*

	Treatment commenced.	Treatment completed.
Main Laboratory at Berkeley-----	2	3
Northern Branch at Sacramento-----	0	2
San Joaquin Valley Branch at Fresno-----	2	0
Southern Branch at Los Angeles-----	0	0
Laboratory of Sacramento Board of Health, by deputized bacteriologist -----	1	1
Laboratory of San Francisco Board of Health, by deputized bacteriologist -----	6	12
Laboratory of Los Angeles Board of Health, by deputized bacteriologist -----	0	0
Laboratory of Letterman General Hospital, Presidio, by deputized bacteriologist -----	1	0
Total number of treatments-----	12	18

Public Health Instruction.*Participation in Instruction in Public Health During July, 1912.***Main Laboratory at Berkeley:**

Bacteriological instruction outfits sent out.....	0
Bacteriological instruction outfits in use.....	15
Exhibits loaned from Hygienic Museum.....	0
Lectures or talks by the director.....	1

Division of Epidemiological Investigations.*Epidemiological Investigations During July, 1912.***Main Laboratory at Berkeley:**

Special investigations by the Director.....	3
Examination of sample of clams from San Francisco Bay for evidence of sewage pollution.	
Investigation of a fourth case of human rabies in San Francisco.	
Investigation of a fifth case of human rabies in San Francisco.	

REPORT OF BUREAU OF FOODS AND DRUGS FOR JULY, 1912.

MYER E. JAFFA, Director.

The space available for the report of this Bureau is again devoted to Food Inspection Decisions and Notices of Judgment. F. I. D. No. 147 and No. 148 are of special importance to California. The pure food laws of this State require the State Board of Health to recognize the standards adopted by the United States Department of Agriculture as a minimum standard. It is to be hoped that all persons interested in the fruit canning industries of California, or the manufacture and sale of any beverages containing absinth, will note these new decisions.

Food Inspection Decision 146.**ON THE USE OF SACCHARIN IN FOODS.**

There appears to exist a misconception of the position of the Department of Agriculture as to the use of saccharin in foods as announced in Food Inspection Decision No. 142. That decision prohibits the use of saccharin in foods. The law defines the term "drug" and it is considered that saccharin has its proper place in products coming within this definition.

It is recognized that certain specific products generally classified as foods, and sweetened with saccharin, may be required for the mitigation or cure of disease. It is not intended to prohibit the manufacture or sale of such products, provided they are labeled so as to show their true purpose and the presence of saccharin is plainly declared upon the principal label. This must not be interpreted to mean that the use of saccharin in foods prepared for ordinary consumption is permissible even if declared on the label.

Food Inspection Decision 147.**ABSINTH.**

It is generally recognized in countries which have had experience with the sale and consumption of absinth that this beverage is dangerous to health. Belgium, Switzerland, and Holland have forbidden its manufacture, sale, and importation; absinth is also condemned by the laws of Brazil and its importation forbidden.

The Food and Drugs Act of June 30, 1906, section 11, forbids the importation of any food or drug which is "of a kind forbidden entry into, or forbidden to be sold or restricted in sale in the country in which it is made, or from which it is exported," and also of any food or drug which is "otherwise dangerous to the health of the people of the United States."

Importations of absinth into the United States, therefore, are prohibited, both because they come from countries which forbid or restrict its manufacture and sale, and because these products are injurious to the health of the people of the United States.

Section 7, paragraph 5, in the case of foods, of the Food and Drugs Act, June 30,

1906, provides further that an article shall be deemed to be adulterated within the meaning of the act "if it contains any added poisonous or other added deleterious ingredient which may render such article injurious to health." The beverage commonly known as absinth is a manufactured product containing wormwood, or absinth (*Artemisia absinthium*), an added deleterious ingredient. The interstate shipment of this product is, therefore, prohibited under this provision of the Food and Drugs Act.

The Secretary of Agriculture, therefore, will regard as adulterated under the Food and Drugs Act absinth which, on and after October 1, 1912, is manufactured or offered for sale in the District of Columbia or the Territories, or shipped in interstate commerce or offered for importation into the United States.

Food Inspection Decision 148.

USE OF COPPER SALTS IN THE GREENING OF FOODS.

The question of the use of copper salts in the greening of foods was referred by the Secretary of Agriculture, on March 11, 1909, to the Referee Board of Consulting Scientific Experts. Exhaustive investigations have been conducted by that board and the Department of Agriculture has received the report of the investigations. The questions which were referred to the Referee Board are as follows:

"Are vegetables greened with copper salts adulterated under the Food and Drugs Act of June 30, 1906, because,

"(a) a substance has been mixed or packed with them so as to reduce or lower or injuriously affect their quality or strength;

"(b) they have been mixed, colored, powdered, coated, or stained in a manner whereby damage or inferiority is concealed;

"(c) they contain any added poisonous or other added deleterious ingredient which may render such articles injurious to health?

"(1) in large quantities?

"(2) in small quantities?"

The main general conclusions reached by the Referee Board from a study of their experimental results and other considerations are as follows:

"(a) Copper salts used in the coloring of vegetables as in commercial practice can not be said to reduce or lower or injuriously affect the quality or strength of such vegetables as far as the food value is concerned;

"(b) Copper salts used in the greening of vegetables may have the effect of concealing inferiority inasmuch as the bright green color imparted to the vegetables simulates a state of freshness they may not have possessed before treatment;

"(c) In attempting to define a large daily quantity of copper, regard must be had to the maximum amount of greened vegetables which may be consumed daily. A daily dose of 100 grams of coppered peas or beans, which are the most highly colored vegetables in the market, would not ordinarily contain more than 100 to 150 milligrams of copper. Such a bulk of greened vegetables is so large, however, that it would hardly be chosen as a part of a diet for many days in succession. Any amount of copper above 150 milligrams daily may, therefore, be considered excessive in practice. A small quantity is that amount which in the ordinary use of vegetables may be consumed over longer periods. From this point of view 10 to 12 milligrams of copper may be regarded as the upper limit of a small quantity.

"It appears from our investigations that, in certain directions, even such small quantities of copper may have a deleterious action and must be considered injurious to health."

The Food and Drugs Act of June 30, 1906, provides that a food is adulterated "if it contains any added poisonous or other added deleterious ingredient which may render such article injurious to health." The act also provides that a food is adulterated "if it be * * * colored * * * in a manner whereby damage or inferiority is concealed." It is apparent from the findings of the Referee Board that all foods greened with copper salts are positively adulterated under the first above-quoted provisions of the law, and that in certain cases foods may be adulterated under the second above-quoted provision.

The Secretary of Agriculture, therefore, will regard as adulterated under the Food and Drugs Act foods greened with copper salts which, on and after January 1, 1913, are offered for entry into the United States, or are manufactured or offered for sale in the District of Columbia or the Territories, or are shipped in interstate commerce.

All previous food inspection decisions on the subject of greening of foods with copper salts are amended accordingly.

The complete report of the investigations and conclusions of the Referee Board on this subject will be published by the Department of Agriculture.

**REPORT OF BUREAU OF PUBLICATIONS AND HEALTH
INFORMATION FOR JULY, 1912.**

• GUY P. JONES, Acting Director.

During the past month poliomyelitis has become epidemic in Los Angeles County. Many inquiries concerning the disease have come to this department, and, in response, copies of the Medical Number of the Bulletin have been sent. This number contains not only articles on poliomyelitis, but also on syphilis, hookworm, pellagra, and many other diseases. It is the intention of the Board, later in the summer, to publish the most recent information regarding poliomyelitis. Many of the most celebrated medical investigators are devoting their whole time to poliomyelitis research, and some of the results of their labor will be announced in the contemplated publication.

Early in the fall the mailing list will undergo a thorough revision and subscribers who wish to be retained on this list would do well to send a card, with a request that the Bulletin be sent to them as issued. Subscribers who have changed their address should send a card to this department in order that the change may be registered at once.

LIST OF COUNTY HEALTH OFFICERS.

County.	Health officer.	Address.
Alameda	Dr. C. L. McKown	Niles
Alpine*	County Recorder Frank Smith	Markleeville
Amador	Dr. E. E. Endicott	Jackson
Butte	Dr. L. Q. Thompson	Gridley
Calaveras	Dr. Irwin B. March	San Andreas
Colusa	Dr. C. A. Poage	Colusa
Contra Costa	Dr. W. S. George	Antioch
Del Norte	Dr. E. M. Fine	Crescent City
El Dorado	Dr. L. M. Leisenring	Placerville
Fresno	Dr. W. T. Burks	Fresno
Glenn	Dr. J. A. Randolph	Willows
Humboldt	Dr. Carl T. Wallace	Eureka
Imperial	Dr. Virgil McCoombs	El Centro
Inyo	Dr. I. J. Woodin	Independence
Kern	Dr. G. M. Bumgarner	Bakersfield
Kings	Dr. Ralph Motherol	Hanford
Lake	Dr. W. E. Upton	Kelseyville
Lassen	Dr. W. E. Dozier	Susanville
Los Angeles	Dr. E. O. Sawyer	Los Angeles
Madera	Dr. Mary R. Butin	Madera
Marin	Dr. J. H. Kuser	Novato
Mariposa	Dr. F. L. Wright	Mariposa
Mendocino	Dr. J. Liftchild	Ukiah
Merced	Dr. C. H. Castle	Merced
Modoc	Dr. John Stile	Alturas
Mono*	Dr. R. A. Cushman	Bridgeport
Monterey	Dr. Garth Parker	Salinas
Napa	Dr. E. G. Smart	Napa
Nevada	Dr. Carl P. Jones	Grass Valley
Orange	Dr. John Wehrly	Santa Ana
Placer	Dr. O. L. Barton	Loomis
Plumas	Dr. F. D. Walsh	Quincy
Riverside	Dr. George E. Tucker	Riverside
Sacramento	Dr. Hugh Beattie	Elk Grove
San Benito	Dr. J. M. O'Donnell	Hollister
San Bernardino	Dr. Philip M. Savage	San Bernardino
San Diego	Dr. Nathan Hunt	San Diego
San Francisco	Dr. R. G. Brodrick	San Francisco
San Joaquin	Dr. R. B. Knight	Stockton
San Luis Obispo	Dr. H. M. Cox	San Luis Obispo
San Mateo	Dr. W. G. Beattie	Colma
Santa Barbara	Dr. J. C. Bainbridge	Santa Barbara
Santa Clara	Dr. William Simpson	San Jose
Santa Cruz	Dr. W. R. Congdon	Santa Cruz
Shasta	Dr. F. Stabel	Redding
Sierra	Dr. R. B. Davy	Downieville
Siskiyou	Dr. F. J. McNulty	Yreka
Solano	Dr. S. G. Bransford	Suisun
Sonoma	Dr. P. A. Meneray	Santa Rosa
Stanislaus	Dr. F. R. De Lappe	Modesto
Sutter	Dr. E. V. Jacobs	Meridian
Tehama	Dr. E. E. Thompson	Red Bluff
Trinity	Dr. D. B. Fields	Weaverville
Tulare	Dr. W. A. Preston	Visalia
Tuolumne	Dr. Wm. Lyman Hood	Sonora
Ventura	Dr. A. A. Maulhardt	Oxnard
Yolo	Dr. W. J. Blevins	Woodland
Yuba	Dr. J. H. Barr	Marysville